

DECLARATION AND POWER OF ATTORNEY AND PETITION  
FOR UNITED STATES PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROTEIN Z-DEPENDENT PROTEASE INHIBITOR

The specification of which (check one)

☒ is attached hereto

☐ was filed on \_\_\_\_\_

as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

			Priority Claimed	
(Number)	(Country)	(Day/month/year filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/086,571      May 19, 1998      Pending

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(Application Serial No.)	(Filing date)	(Status) (patented, pending, abandoned)
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(Application Serial No.)	(Filing date)	(Status) (patented, pending, abandoned)
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POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys agents: DENNIS A. BENNETT, Reg. No. 34547, JOSEPH W. BULOCK, Reg. No. P37103, J. TIMOTHY KEANE, Reg. No. 27808, CYNTHIA S. KOVACEVIC, Registration No. 35578, SCOTT J. MEYER, Registration No. 25275, JOY ANN SERAUSKAS, Registration No. 27952, and ROGER A. WILLIAMS, Registration No. 27679, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to SCOTT J. MEYER at (314) 694-3117 and address all correspondence to:

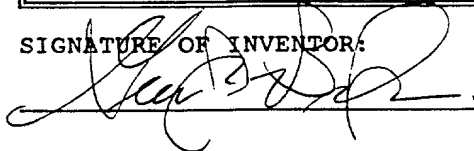
G. D. Searle & Co.  
Corporate Patent Law Department  
P.O. Box 5110  
Chicago, IL 60680-5110  
Attn: Roger A. Williams

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

WHEREFORE, I PRAY that Letters Patent be granted to me solely or jointly with the additional inventor(s) (if any) named below for the invention described and claimed in the above-identified specification and claims, and I hereby subscribe my name to the above-identified specification and claims, Declaration, Power of Attorney and this Petition.

<b>FULL NAME (INVENTOR)</b>	<b>LAST</b> BROZE, JR.	<b>FIRST</b> GEORGE	<b>MIDDLE</b> J.
<b>RESIDENCE &amp; CITIZENSHIP</b>	<b>CITY</b> ST. LOUIS	<b>STATE/FOREIGN COUNTRY</b> MO	<b>COUNTRY OF CITIZENSHIP</b> USA
<b>POST OFFICE ADDRESS</b>	Washington University School of Medicine, Dept. of Internal Medicine, Division of Hematology, Barnes- Jewish Hospital of St. Louis, 216 S. Kingshighway Blvd.	<b>CITY</b> ST. LOUIS	<b>STATE/COUNTRY</b> MISSOURI 63110

SIGNATURE OF INVENTOR:



DATE:

March 11, 1999

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